### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: LIBERTY HOME ASSISTED LIVING (0010142)

Address: 109 4TH STREET, NEKOOSA, WI 54457

**License Status: REGULAR** 

Licensed/Certified/Registered 09/01/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095653 End Date: 09/13/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090974 End Date: 08/27/2003 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 08/10/2005 Date Investigation Completed: 09/13/2005

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/28/2005 Date Investigation Completed: 09/13/2005

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED HOMELIKE ENVIRONMENT & CLEANLINESS NOT SUBSTANTIATED

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